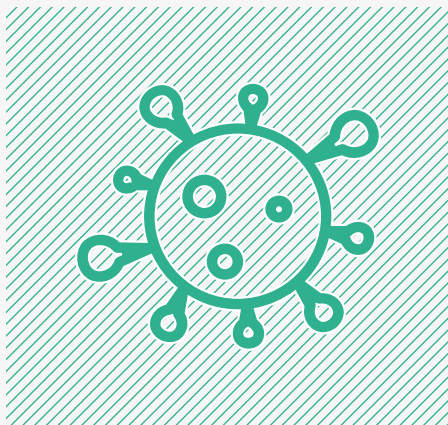
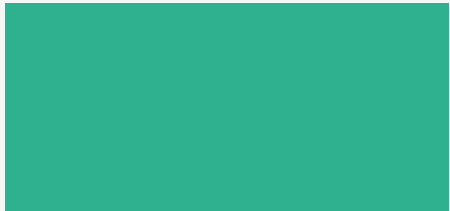
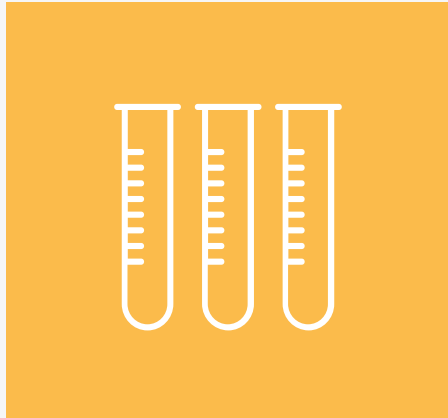


Practice Support Toolkit



EC Partnership

Eliminate Hepatitis C Partnership



EC Partnership

Eliminate Hepatitis C (EC) Partnership is led by the Burnet Institute with partners including: Victorian Department of Health and Human Services, Justice Health Victoria, Hepatitis Victoria, Harm Reduction Victoria, St Vincent's Hospital Melbourne and the Alfred Hospital. It is funded by a partnership grant from the National Health and Medical Research Council with contributions from Gilead Sciences.

This toolkit was developed by the EC Partnership with assistance from clinical providers, peak bodies and community organisations.

All materials provided in the Toolkit and accompanying Appendix are used with permission from those who produced the materials.



Find out more about the EC Partnership by visiting: ecpartnership.org.au

Contact EC Partnership: ecpartnership@burnet.edu.au

Contact EC Partnership Coordinator Dr Alisa Pedrana on 03 9282 2225

Contact EC Partnership Nurse Coordinator Chloe Layton on 03 8506 2345

Curing hepatitis C has never been easier.

For the first time ever, we can easily cure people living with hepatitis C.

The new direct-acting antivirals (DAA) treatments:

- Can cure hepatitis C for more than 95% of individuals
- Are very well tolerated, with only mild and uncommon side effects
- Take just 8-12 weeks for most people
- Are taken orally - no injections!

In Australia, the new DAA treatments were listed on the Pharmaceutical Benefits Scheme (PBS) on March 1st 2016 - enabling universal access to highly-effective treatments for everyone living with hepatitis C.

This means that everyone with hepatitis C (including those in prison) can get treated and cured. There are no restrictions on:

- *Stage of liver disease*
 - *Alcohol or drug use*
 - *Number of times a person can be treated*
-

Curing someone of their hepatitis C not only improves their current health and well-being, it also reduces the risk of them developing severe liver disease and hepatocellular carcinoma (HCC) down the track.

“ I felt like I was dragging myself out of bed and now I’ve been cured I feel like I have a spring in my step. I just have so much more energy and a general sense of wellness that I didn’t have before ”

Anne – cured of hepatitis C

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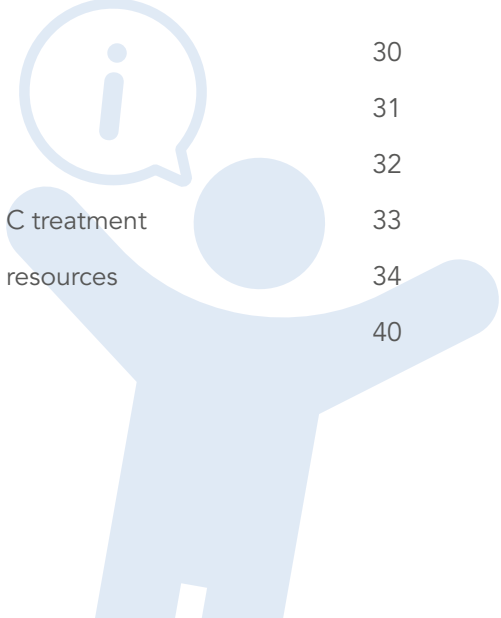
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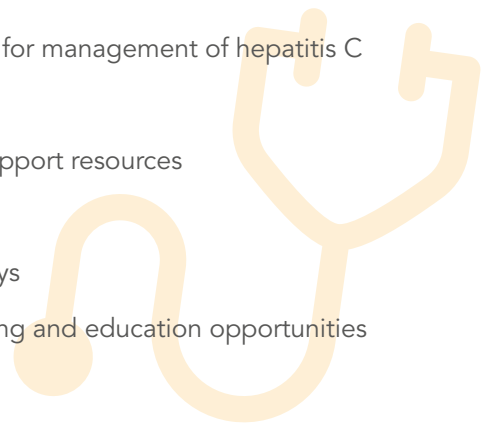




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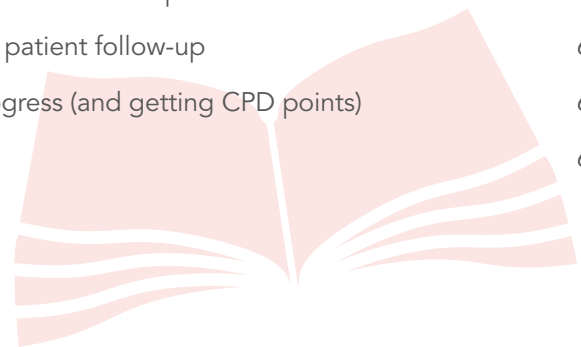
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5

APPENDIX

The Appendix includes key resources in a separate booklet at the back of the folder

Elimination is the goal

We have the chance to eliminate hepatitis C from Australia.

Australia is leading the world in reaching the goal of eliminating hepatitis C as a public health threat by 2030 because we have unrestricted access to DAAs and specialists, general practitioners and nurse practitioners can all prescribe hepatitis C treatment.

Since March 2016 we have treated over 50,000 people across Australia, around 26% of all people with hepatitis C.¹ To reach our target we need to treat over 80% of people living with hepatitis C virus (HCV), reduce HCV-related deaths by 65% and reduce new HCV infections by 80%.²

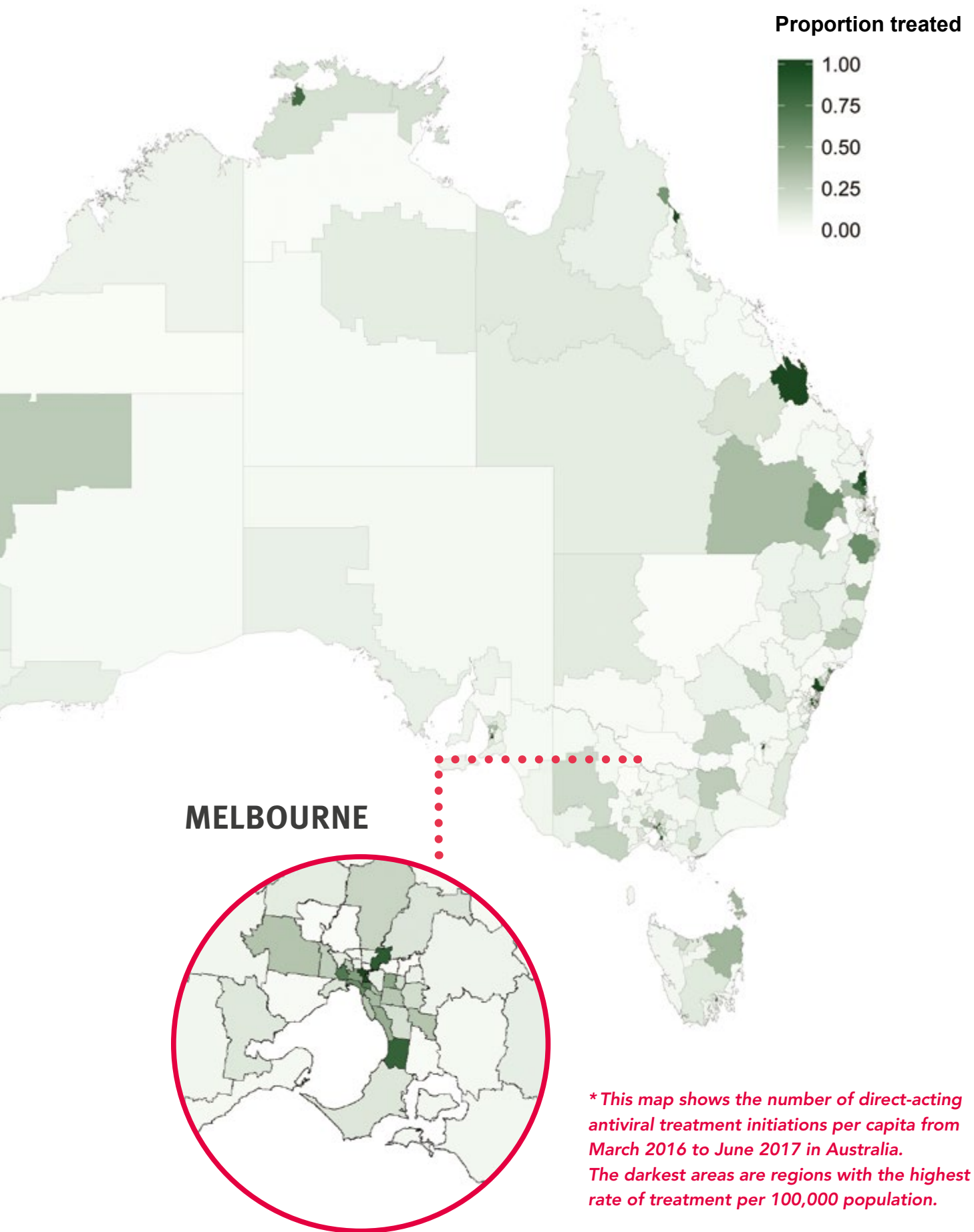
To make this happen, we need more general practitioners (GPs) and authorised nurse practitioners to treat hepatitis C and more primary care practices to prioritise hepatitis C within their busy clinics.

Some parts of Australia are leading the way in treating hepatitis C, and we can learn from them to improve access to treatments across Australia. Working in partnership is the only way we will achieve our goal of eliminating hepatitis C from Australia.



¹ Dore, Gregory J. et al. Elimination of Hepatitis C Virus in Australia. *Infectious Disease Clinics*, Volume 32, Issue 2, 269 - 279

² World Health Organization (2016). *Global Health Sector Strategy on Viral Hepatitis 2016-2021: towards ending viral hepatitis*. World Health Organization, Geneva, Switzerland.



* Adapted from Figure 3 from: Heterogeneity in hepatitis C treatment prescribing and uptake in Australia: a geospatial analysis of a year of unrestricted treatment access (Scott et al. J Virus Erad 2018)

“

Treating hepatitis C is now straight forward and GPs and nurse practitioners are well placed to treat and cure most of their patients with hepatitis C. Specialists are happy to support and assist GPs in providing care to their patients,”

– Alex, Gastroenterologist

This Toolkit

The Eliminate Hepatitis C Partnership (EC Partnership) is committed to helping primary care practices become leaders in treating and curing hepatitis C in Australia.

The Toolkit was developed for primary care providers, including general practitioners, nurse practitioners, nurses, as well as allied health professionals.

It aims to support primary care practices to achieve the elimination of hepatitis C by:

- Increasing uptake of hepatitis C testing and treatment
- Increasing the quality and coordination of hepatitis C care
- Reducing liver disease and deaths
- Reducing ongoing hepatitis C transmission
- Measuring and monitoring success

This Toolkit contains all of the resources needed to promote hepatitis C testing and treatment and to ensure people remain engaged in good quality hepatitis C care to prevent further liver damage and reduce the likelihood of transmission to others.

We include information and resources on:

- 1. Hepatitis C – the basics**
- 2. Patient Support Resources**
- 3. Provider Support Resources**
- 4. Practice Support Resources**

People who inject drugs are at greatest risk of hepatitis C infection in Australia, yet many remain undiagnosed and poorly engaged in healthcare.^{3,4} In order to achieve elimination of hepatitis C, we need to target people who are at risk of transmitting and acquiring hepatitis C and those with severe liver disease. This means people who inject drugs and those with cirrhosis.

Throughout this Toolkit, we focus specifically on engaging people who inject drugs in hepatitis C care, particularly those who have not been tested, treated and cured!

If we want to make hepatitis C elimination a reality in Australia, we must prioritise treating people who inject drugs and support them to access sterile injecting equipment.⁵

³The Kirby Institute (2017). HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2017. Sydney: Kirby Institute, UNSW Sydney.

⁴Sublette VA, Smith SK, George J, McCaffery K, Douglas MW. The Hepatitis C treatment experience: Patients' perceptions of the facilitators of and barriers to uptake, adherence and completion. *Psychology & Health* 2015;30:987-1004.

⁵Scott N, McBryde ES, Thompson A, et al Treatment scale-up to achieve global HCV incidence and mortality elimination targets: a cost-effectiveness model *Gut* 2017;66:1507-1515.



1

Hepatitis C - the basics

“

Testing and treating hepatitis C is now so much easier. Being involved in curing hepatitis C is one of the most important and satisfying things I do as a GP,”

– Fran, GP

Hepatitis C – the basics

Here you'll find all the information you need to diagnose and treat a patient with hepatitis C, including:



Who should you test?



How to test for hepatitis C



Getting your patient ready for treatment



Liver fibrosis assessment



When to refer



Before treatment



Starting treatment



Post-treatment follow-up and assessment of cure



Getting everyone involved in eliminating hepatitis C



Who should you test?⁶

- People who currently or have ever injected drugs
- People in custodial settings
(i.e. people who have ever been in prison)
- People with tattoos or body piercings (especially if received outside of Australia or outside of regulated settings)
- People who received a blood transfusion or organ transplant before 1990
- People with coagulation disorders who received blood products or plasma-derived clotting factor treatment products before 1993
- Children born to mothers with chronic hepatitis C infection
- People infected with human immunodeficiency virus (HIV) or hepatitis B virus (HBV)
- Sexual partners of a person infected with hepatitis C (people at a higher risk of sexual transmission include men who have sex with men, and people with HCV–HIV coinfection)
- People with evidence of liver disease (persistently elevated alanine aminotransferase level)
- Migrants from high-prevalence regions (Egypt, Pakistan, the Mediterranean, Eastern Europe, Africa and Asia)

We know that starting the conversation about hepatitis C testing can be tricky, so we've included some tips on *Starting the Conversation* in the Appendix booklet.

⁶Adapted from GESA. Australian recommendations for the management of hepatitis C virus infection: a consensus statement (August 2017), Table 1 page 10

How to test for hepatitis C:

Two tests are required to diagnose infection with hepatitis C virus (HCV):


- **Antibody test to screen for past exposure to hepatitis C**
- **RNA/PCR test to confirm current hepatitis C infection.**


The clinical definition of chronic hepatitis C infection is when someone is documented with a positive result for both HCV antibody and HCV RNA tests for longer than six months. Documented chronic hepatitis C infection is part of the PBS eligibility criteria for accessing DAA treatments.

TIP: Hepatitis C is a notifiable condition and requires written notification to the Department of Health and Human Services (DHHS) on initial diagnosis within 5 days.







Hepatitis C test result interpretation⁷

Legend:

 **Ab**
Anti-HCV Antibody test
Indicates if patient has been exposed to HCV

 **RNA**
RNA/PCR test
Indicates if patient is infected with HCV

Hepatitis C Test Results Interpretation

	+		=	Prior exposure to HCV and current HCV infection
	+		=	Prior exposure to HCV and not infected with HCV (due to spontaneous clearance of HCV or prior treatment)
	+		=	Never exposed to HCV and not infected with HCV

⁷ Adapted from ASHM/VHHITAL training slides

Getting your patient ready for treatment

Once you have diagnosed chronic hepatitis C in your patient, there is just a few simple steps to prepare them for DAA treatment.

Pre-treatment assessment includes:

- Taking their medical and social history
- A medication review
- A physical examination
- Blood tests and liver fibrosis assessment (APRI +/- FibroScan®).

See the Appendix booklet for Table 2 of the *Gastroenterological Society of Australia (GESA) Australian recommendations for the management of hepatitis C virus infection: a consensus statement*, which provides a full overview of the required pre-treatment assessment.

Diagnostic tests and pre-treatment assessments can all be done with just one pathology request, using a single blood draw with a request for reflex/reflexive testing.

TIP:

Use reflexive testing to reduce the number of blood draws and appointments!

Ask for the HCV RNA (qualitative) test if antibody positive; and for the pre-treatment assessment tests if HCV RNA positive.

TIP:

When requesting HCV diagnostic tests, run a comprehensive blood-borne virus screen by ordering hepatitis A virus (HAV), hepatitis B virus (HBV) and HIV tests

Diagnostic Tests:

- Anti-HCV antibody
- HCV RNA (qualitative) if HCV Ab pos
- HBV Serology (HBsAg, anti-HBc, anti-HBs)
- HIV Serology
- HAV Serology

Pre-treatment assessment (if HCV RNA positive):

- HCV RNA Level (Quantitative)
- HCV Genotype
- FBE
- LFT including AST
- INR
- U&Es including eGFR

TUBES						URINE						
GEL	PLAIN	EDTA	EDTA	GLUC	CITRATE	HEPARIN	BACTO	CYTO	24HR	PCR	OTHER	STUART
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PATIENT COPY

Liver fibrosis assessment



Before starting your patient on DAA treatment, assess their level of liver fibrosis to determine whether they have cirrhosis. This will help you decide on the best treatment regimen and whether specialist care is required or not. It is also a requirement for PBS authority.

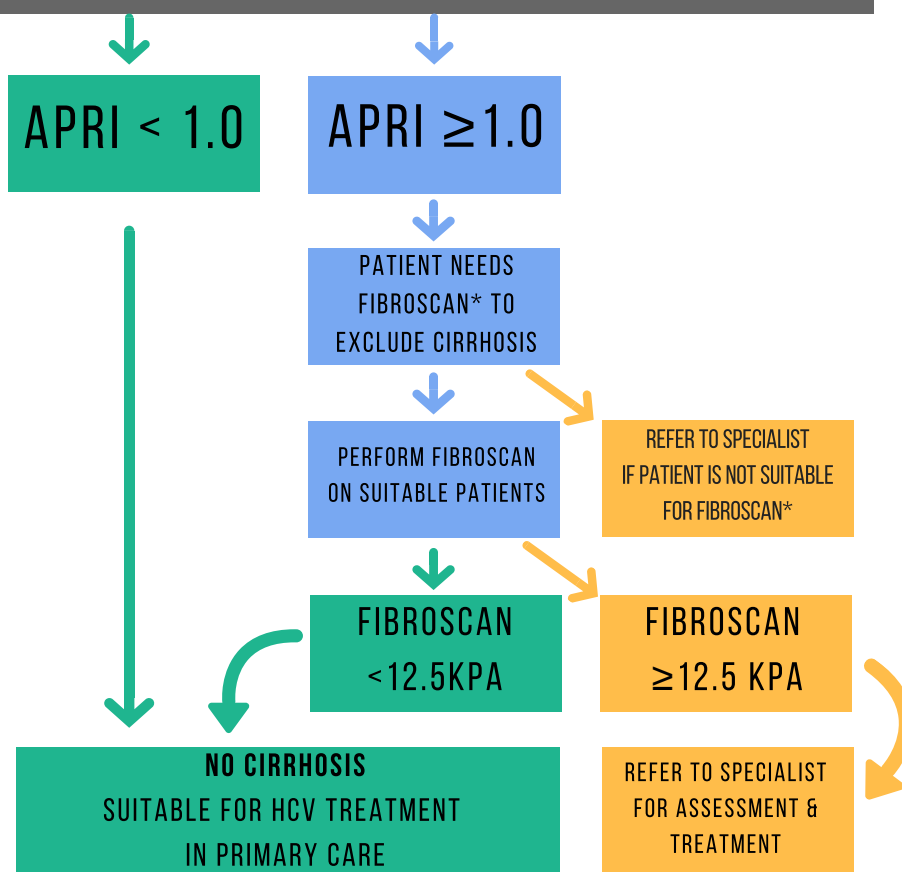
You can assess fibrosis using APRI (AST to platelet ratio index) initially and/or using FibroScan® if required. You'll also find the *Pathways to Liver Fibrosis Assessment in Primary Care* Diagram in the Appendix booklet.

PATHWAYS TO LIVER FIBROSIS ASSESSMENT FOR PATIENTS IN PRIMARY CARE

Created by EC Partnership

PATIENT CONFIRMED WITH CHRONIC HEPATITIS C (PCR +VE)

INITIAL LIVER FIBROSIS ASSESSMENT USING APRI SCORE



*FibroScan is not approved for use in people <18 years, women who are pregnant, people with ascites and people with a pacemaker or implantable defibrillator

FibroScan and APRI results should be interpreted in conjunction with a full clinical picture by a trained clinician




APRI Calculator available here: <https://www.hepatitisc.uw.edu/page/clinical-calculators/apri>

Note: suitable specialists include gastroenterologists, hepatologists and infectious disease physicians. Appropriate specialist depends on your local referral processes



When to refer

While most patients can be treated for hepatitis C in primary care practices, there are some who will need to see a specialist⁸ for treatment and management. Your patient will need to be referred to a specialist if they have:

		
<h3>Liver related</h3> <ul style="list-style-type: none">• Advanced fibrosis or cirrhosis (FibroScan[®] liver stiffness score ≥ 12.5kPa)• Persistently abnormal LFTs after treatment	<h3>Co-infections & comorbidities</h3> <ul style="list-style-type: none">• HCV-HIV co-infection• HCV-HBV co-infection• Complex co-morbidities• Renal impairment (eGFR <50mL/min/1.73m²)	<h3>Treatment related</h3> <ul style="list-style-type: none">• Failed first-line DAA treatment• Complex drug-drug interactions• Experienced major adverse events during treatment

You can use *HealthPathways* (an online portal run by the Primary Health Network (PHN) – see page 51 for details) to find your local hospital liver clinic. See the **Provider Support Section** for more information on how to access specialist support.

Before treatment

Goals of treatment

Discuss with your patient their goals for treatment, such as:

- Being cured of the viral infection
- Minimising their liver damage, preventing liver failure, and reducing the risk of developing a cancer
- Improving their quality of life
- Reducing the risk of passing on hepatitis C to someone else

⁸Adapted from GESA Australian recommendations for the management of hepatitis C virus: a consensus statement (August 2017) & ASHM Decision-making in HCV.

Explain to your patient that advanced fibrosis and cirrhosis are irreversible, but treating and curing their hepatitis C will avoid further liver damage from the virus.

Side effects

Side effects from DAA treatments are uncommon, usually mild, and get better with time. Discuss with your patient the possibility of side effects and explain what you can do about them. You can also help them plan for any disruptions to their work and personal life.

Side effects could include:

- Nausea: taking the tablet with food could help this
- Insomnia and fatigue: make sure your patient is prepared for how this could impact their life
- Headache: make sure your patient stays well hydrated and uses pain relief medications as needed

Is your patient ready to start treatment today?

Sticking with hepatitis C treatment is really important. Anyone starting treatment could experience difficulty with adhering to it.

You'll need to take a patient-centered approach to help your patients stick with their hepatitis C treatment. This means working with them to identify factors that could get in the way before starting treatment, and developing a personalised support strategy to help keep them on track.

The Australasian Hepatology Association has produced consensus guidelines for how to provide adherence support to patients with hepatitis C on DAAs.

You can find them here:

bit.ly/adherenceguidelines

Quick Reference Guide can be accessed here:

bit.ly/aha_adherencesupport

We've also included some tips on having this conversation with your patient - see our *Treatment Readiness Tool* in the Appendix booklet.



Starting treatment

Choosing a treatment regimen

Pan-genotypic treatment options are now available, making treatment choice much easier.

They can be used to treat all genotypes of hepatitis C.

There are six different HCV genotypes (Gt 1 - 6). Here in Australia, the most common genotypes are genotype 1 (1a and 1b), and genotype 3. You must know your patients HCV genotype for the PBS authority. It will also help you choose a treatment regimen, and can help distinguish between relapse and reinfection if your patient is not cured of their hepatitis C.

More detailed information on treatment protocols is available in *Clinical guidance for treatment hepatitis C virus infection: a summary* (see the Appendix booklet). If you are not experienced in prescribing DAAs, you may need to seek specialist advice to prescribe 'in consultation' using a *Primary Care Consultation Request Form*. See **Provider Support Section** for more information.

Five key questions to answer to help you select the most appropriate treatment regimen:⁹

1. What is the HCV genotype?

Knowing the HCV genotype can help you choose the right treatment regimen for your patient. It is also required for the PBS authority of the prescription.

2. Is cirrhosis present?

Excluding cirrhosis can be done by assessing level of fibrosis and is generally performed using APRI and/or FibroScan®. If APRI ≥ 1.0 , perform a FibroScan® to measure liver stiffness. If FibroScan® shows liver stiffness ≥ 12.5 kPa, specialist referral is recommended.

See *Pathways to Liver Fibrosis Assessment for Patients in Primary Care* in the Appendix booklet.



TIP:

If you are not experienced in managing hepatitis C - you can still prescribe in consultation with a specialist experienced in the treatment of chronic hepatitis C infection.

⁹Adapted from GESA Clinical guidance for treatment hepatitis C virus infection: a summary, August 2017

3. Is HBV–HCV or HIV–HCV coinfection present?

It's recommended that patients with HBV or HIV coinfection are referred to a specialist. If seronegative, vaccinate against HAV and HBV.

4. Are there potential drug-drug interactions?

Check for drug–drug interactions using hep-druginteractions.org – a comprehensive, free and easy to use website. It takes the confusion and concerns out of assessing drug–drug interactions and includes prescribed, over-the-counter herbal and illicit drugs. If you can't find a prescribed or herbal drug on the website, check with your local liver clinic or hospital pharmacy attached to a liver clinic about whether it has any drug–drug interactions.

5. What is the renal function (eGFR)?

This can affect which treatment regimen you choose.

- Sofosbuvir is not recommended with eGFR <30mL/min/1.73m².
- Ribavirin is renally cleared and needs dose reduction if eGFR <50mL/min/1.73m²

Writing the prescription

You'll need to have the PBS authority before prescribing these treatments under the PBS.



**For Medicare prescription authority
call 1800 888 333**

**For Department of Veteran Affairs
prescription authority call 1800 552 580***

*When seeking an Authority number, prescribers will be asked:

- Length of treatment: 8, 12, 16 or 24 weeks
- Genotype
- Cirrhosis: present or not
- Does the patient meet the General Statement for Drugs for the Treatment of Hepatitis C?
- Evidence of chronic hepatitis C infection with documented positive results for HCV antibody and HCV RNA for more than six months

See the PBS General Statement for Drugs for the Treatment of Hepatitis C online here:
bit.ly/pbsgeneralstatement

Post-treatment follow-up and assessment of cure

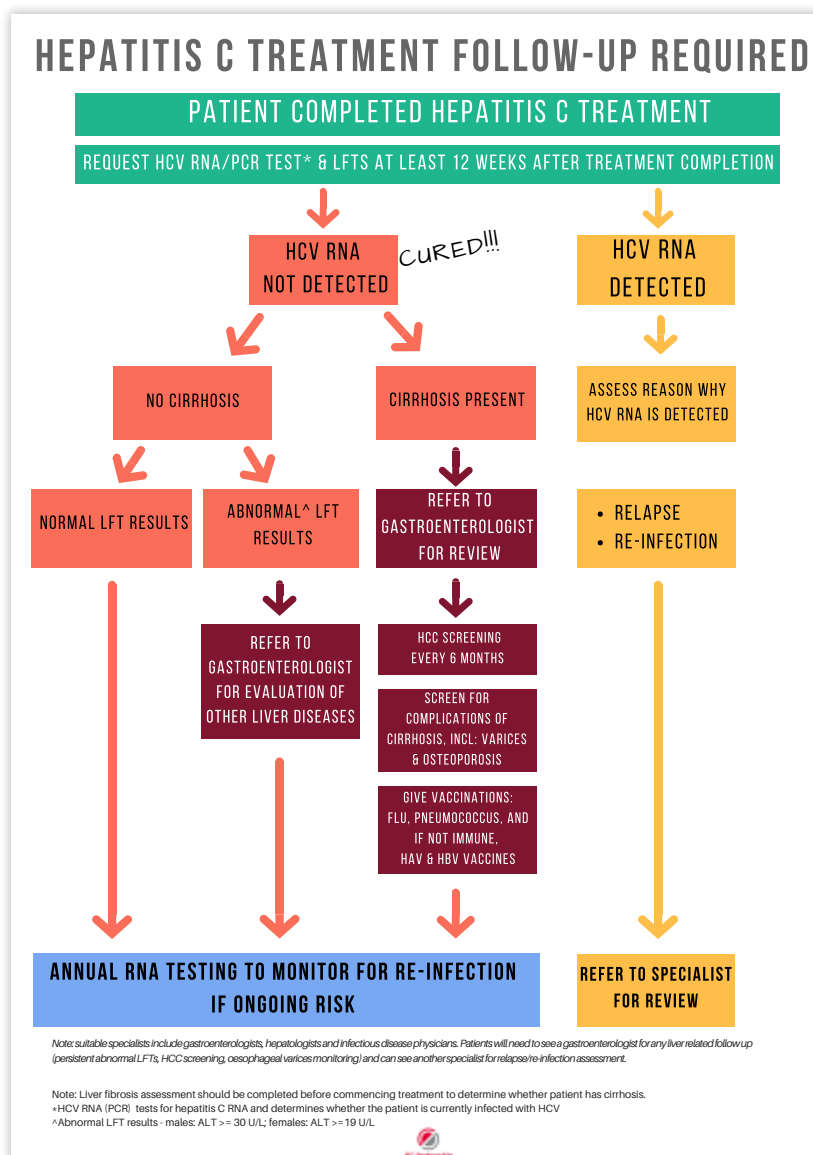
It is important to wait for 12 weeks after treatment completion to test for cure. At this time order an HCV RNA (qualitative) test and liver function tests. The HCV RNA test will show if there has been a sustained virological response (SVR) to treatment.



HCV RNA not detected = SVR achieved = your patient is CURED!

Remember: all patients who have achieved SVR will continue to have anti-HCV antibodies, but this does not mean they have a current hepatitis C infection. It also doesn't mean that they are immune to reinfection.

You'll also find the *Hepatitis C Treatment Follow-up Required* Diagram in the Appendix booklet.



Reinfection can happen

Reinfection is possible, but you can treat for hepatitis C again. It's important to treat people who are currently injecting drugs to stop ongoing transmission of hepatitis C.



If your patient engages in activities that put them at risk of hepatitis C - here are three things to discuss:

- Staying safe by using sterile injecting equipment
- Encouraging injecting partners to be tested and treated
- Remind them they can get treated again if re-infected



The Department of Health and Human Services website hosts a list and map of needle and syringe exchange programs (NSPs) across Victoria, which can be accessed here: bit.ly/dhhs_nsplacements

Hepatitis C treatment in prisons

Your patient can access hepatitis C treatment in prison.

St Vincent's Hospital Melbourne are responsible for delivering the Justice Health State-wide Hepatitis Program (SHP), on behalf of the Department of Justice, State Government of Victoria. The Statewide Hepatitis Program is delivered primarily by skilled Clinical Nurse Consultants who visit each prison in person every 2-4 weeks, with support from two part-time hepatologists and a pharmacist.

The program is integrated into the local prison primary healthcare team with close collaboration with prison primary care nurses, who routinely offer hepatitis C testing to all prison entrants.

If you would like to transfer the care of your patient for commencement or continuation of hepatitis C treatment or would like further information on the SHP, please contact **Clinical Nurse Consultants Lucy McDonald or Anne Craigie** via **phone 03 9231 3788** or email: lucy.mcdonald@svha.org.au or anne.craigie@svha.org.au

**“ It is nice seeing people’s
health status transform ”**

– David, Nurse Practitioner

Getting everyone involved in eliminating Hepatitis C

This Hep C Task List¹⁰ helps you easily involve everyone in your practice. Different tasks can be assigned to reception staff, community health workers, NSP program workers, case managers, alcohol and other drug (AOD) workers/counsellors, nurses and GPs.

TIP:

Create a hep C friendly space

TIP:

See the **Practice Support Guide** section on our website for instruction sheets on these patient management system tasks

TIP:

Request reflexive testing to reduce number of blood draws needed – if antibody positive, do PCR; if PCR positive, do genotype and viral load

TIP:

Set up recalls/reminders/actions for each relevant task and involve case workers when planning follow-up

Hep C Task List	
Task	People who can do this:
Promoting that your practice tests, treats and cures hepatitis C (see Health Promotion Catalogue)	e.g. nurse, reception staff, NSP staff, community health workers, Aboriginal health workers
Getting patients onboard with hepatitis C testing and treatment	e.g. GP, nurse, reception staff, NSP staff, community health workers, Aboriginal health workers
Searching patient management systems and recalling patients	e.g. GP, nurse, reception staff
Establishing patient management system shortcuts to make hepatitis C management easier	e.g. practice manager, nurse
Testing patients for hepatitis C	e.g. GP, nurse, community health worker, NSP worker
Giving patients their results and completing pre-treatment workup	e.g. GP, and if reviewed by GP and in their scope of practice, nurse and community health workers can deliver result
Entering information into practice management system to improve data collection	e.g. practice manager, nurse
Reviewing blood test results and creating a treatment plan	e.g. GP, nurse
Prescribing medications and planning treatment follow-up	e.g. GP, Nurse Practitioner
Follow-up appointments to find out if your patient has been cured of their hepatitis C	e.g. nurse, GP



¹⁰ Adapted from MSD Primary Healthcare Tool Kit – Hepatitis C



2

Patient Support Resources

“ For decades I lived with hep C.
I lived with the fear and
the worry and the dread of
discrimination. Now I just live.

– Lisa, cured of hepatitis C

”

Patient Support Resources



Barriers to getting hepatitis C care



Creating a friendly space



Making testing easy



Supporting your patients to start hepatitis C treatment



Health Promotion, Education and Support Resources



Patient Support Organisations



Barriers to getting hepatitis C care

People who inject drugs may face additional challenges in getting hepatitis C care, even with these new treatments. Below you'll find some tips on how you can make it easier for people who inject drugs to get the care they need.

People who inject drugs and people living with hepatitis C often face stigma and discrimination within the healthcare system, and also in society more broadly.¹¹

The patients you see might have been discriminated against in the past. This could make them reluctant to get healthcare, and either put off seeing a doctor as long as they can or avoid it altogether.¹²

These experiences may make them quick to react to perceived and actual discrimination, so it is important to consider how your patients might interpret your interactions.

The types of discrimination your patients might have experienced before include:^{11,12}

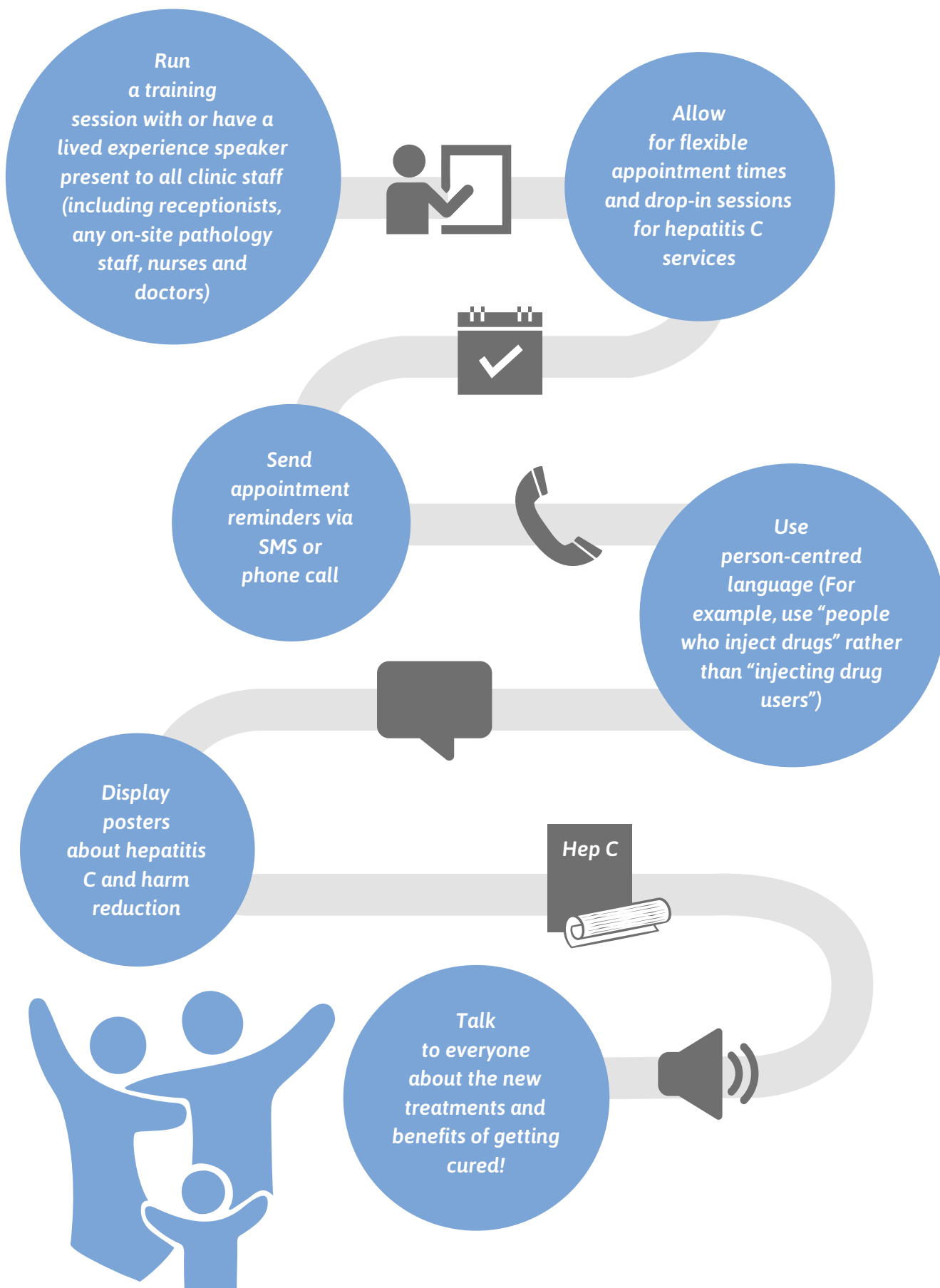
- Unnecessary deviations or extra precautions to standard infection control – e.g. double gloving
- Making people wait to receive services – e.g. until the end of a waiting list or to the end of day's surgeries
- Refusing medical care
- Unwillingness to perform surgical or dental procedures
- Unwillingness to provide pain relief medication
- Breaching their right to confidentiality
- Verbal/non-verbal cues such as being abrupt, unsympathetic, silence/uncomfortable pauses after disclosure, avoiding eye contact
- Asking personal questions about drug use or other behaviours without explaining why it is medically relevant
- Expecting patients to comply with requirements that are more difficult in their condition or situation – e.g. expecting a person who is homeless and without a phone or watch to always keep appointment times.

¹¹Australian Injecting and Illicit Drug Users League (AIVL) 2011, 'Why wouldn't I discriminate against all of them?', A report on stigma and discrimination towards the injecting drug user community, Canberra, Australia.

¹²ASHM & National Centre in HIV Social Research (2012). Stigma and Discrimination around HIV and HCV in Healthcare Settings: Research Report. Retrieved from: www.ashm.org.au/resources/Stigma_and_Discrimination.pdf

Creating a friendly space

You give your patients a much better experience and help keep them engaged in care by creating a hepatitis C friendly space. Here's some ideas of how to do this:



Making testing easy

We know that starting the conversation about hepatitis C testing can be tricky sometimes. To make it a little easier, we've pulled together some tips on how to start the conversation. You can find these, along with some of the key things to cover before performing a test, in the *Starting the Conversation Tool*.

Many people who inject drugs have veins that are difficult to access. This can make blood tests a traumatic experience.

The Australian Injecting and Illicit Drug Users League (AIVL) has produced a factsheet to help with difficult venous access. You can also get tips and tricks that might help on their website: bit.ly/aivl_bloodtest_tips

Strategies:

Get all the bloods done in one go. Reduce the number of blood draws, number of visits and streamline their pathway into care by using reflexive testing and APRI to assess for fibrosis.

Provide on-site pathology through either a pathology collection service or nurses/doctors.

Develop a 'champion blood taker' within your service.

Encourage your patients to drink some water before having their blood taken.

Warm up the venepuncture area with heat packs or warm towels before taking blood.

Allow your patients to self-collect blood under supervision.

Follow your patients' advice about which veins are most likely to be successful.

Request an ultrasound-guided venepuncture if needed. These can be provided at some hospitals.

Be sensitive to the trauma associated with repeated failed venepuncture.

Supporting your patients to start Hepatitis C treatment

Hepatitis C treatment is only one aspect of a person's life. A number of factors – like unstable housing or financial hardship – could be a barrier to your patient starting or following the treatment through to completion.

You can help your patient start and stick with their treatment by providing additional support. Here's some ways you can find out if your patient needs additional support:



Staying engaged

- Schedule appointments at the same time as opioid substitution therapy (OST) appointments or regular NSP pick-ups
- Collect multiple contact details for your patient, plus an alternative contact person and their details



Sticking to treatment

- Discuss logistics of accessing pharmacies, storage of medications and transport
- Ask your patient what they think would help them finish treatment.
 - daily dosing with OST
 - using a dosette box
 - setting phone reminders
 - taking tablets with other daily routine



Extra support

- Seek out any case managers or outreach workers/nurses who are already assisting the patient
- Discuss housing, finances and social support and whether any of these could be a barrier to starting or sticking with treatment
- Ask how their drug use, alcohol use, other health is going. Do they feel like these things are under control, and if not, if they want you to organise some help for them like a referral to AOD counsellor or general counsellor/psychologist

You can get more tips on how to discuss treatment readiness with your patients in our *Getting someone ready for treatment* tool, in the Appendix booklet.

Health promotion, education and support resources

There are plenty of health promotion, education and support resources available, and we've included a few of the key ones here in this Toolkit.

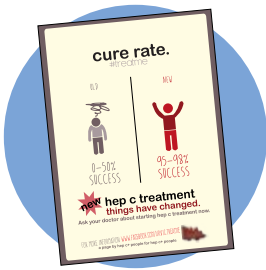
A full catalogue of resources is available online at ecpartnership.org.au/resources

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) website project allgood.org.au/ also has a catalogue of resources and webpages about hepatitis C in various languages, including Aboriginal and Torres Strait languages, Chinese, Urdu, Punjabi, Burmese, Khmer, Dari, Hindi, Thai, Lao, and Vietnamese. It also hosts a list of Aboriginal Health services.

Hepatitis C Health Promotion Resources for Display

Format available in

A3 Posters, PDF



Material

Hep C treatment things have changed (Seven different posters available)

Produced by & order information

Harm Reduction Victoria

Available for download and ordering online:
bit.ly/hrvic_posters

Hard copy or PDF brochure and A3 poster in English; brochure also in Chinese, Vietnamese, Arabic



Be free from Hep C – brochure and poster

Hepatitis Victoria

Available for download and ordering online:
bit.ly/hepvic_befreefromhepc

Hep C Friendly Clinic Resources for Display

Format available in

Material

**Produced by &
order information**

Poster and PDF

Clinic EC Partnership Poster
(Option 1)

EC Partnership
ecpartnership@burnet.edu.au



Poster and PDF

Clinic EC Partnership Poster
(Option 2)

EC Partnership
ecpartnership@burnet.edu.au



Poster and PDF

Clinic Details EC Partnership
Poster

EC Partnership
ecpartnership@burnet.edu.au



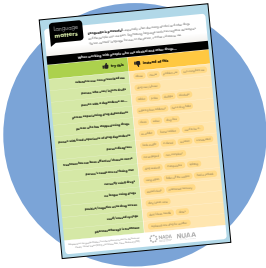
Clinic Details EC Partnership
business cards and stickers

EC Partnership
ecpartnership@burnet.edu.au

Stigma and Discrimination Training & Education Resources for Practice Staff

Format available in

Two-page PDF



Material

Language Matters Poster

Produced by & order information

NADA & NUUA

Available online for download from:
bit.ly/nada_languagesmatters

Online Course



A Normal Day – online podcast education course

ASHM and AIVL

Available from:
lms.ashm.org.au/

Lived experience speakers



Speaking Peer-spectively Program

Lived experience speakers with CURRENT experience with:

- substance use - various substances, injecting and otherwise
- experience with Hepatitis B - living with and treatment of
- experience with Hepatitis C- living with and treatment of
- experience with HIV - prevention and treatment
- experience with stigma & discrimination as a person who uses drugs and/or as a person with a BBV

Harm Reduction Victoria

email admin@hrvic.org.au
call **9329 1500**

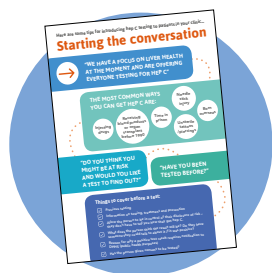
hrvic.org.au/speaking-peer-spectively

Tips for providers

Format available in

Material

Produced by &
order information



Starting the Conversation Tool

EC Partnership
ecpartnership.org.au/resources



Getting Someone Ready
for Treatment Tool

EC Partnership
ecpartnership.org.au/resources

Client Support Resources

Format available in

Material

Produced by &
order information



Personal blog that tracks the progress of the hep C elimination effort in Australia. Written by a person with lived experience. Views expressed are their own and not HRVic's.

Available online:
hrvic.org/the-hepalogue



Hepatitis Victoria Infoline
- business cards & posters
advertising service

Email: info@hepvic.org.au to
order some business cards or
posters

Format available in

Material

Produced by & order information



Hepatitis Victoria
Prison Resource

Hepatitis Victoria

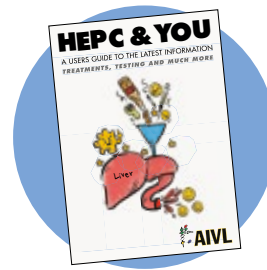
Email: info@hepvic.org.au
to get access to this resource

A5 booklet and PDF

Hep C & You
information booklet

AIVL

Order hardcopies by emailing
info@aivl.org.au or visit
aivl.org.au/resource



Square booklet and PDF

Liver First information booklet

AIVL

Order hardcopies by emailing
info@aivl.org.au or visit
aivl.org.au/resource

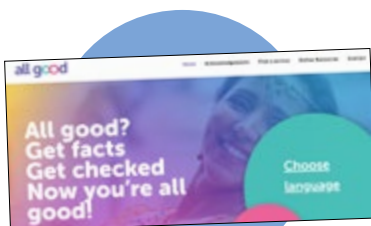


Website with pages in various
languages including audio

ASHM All Good website project,
information pages in various
languages including playable
audio

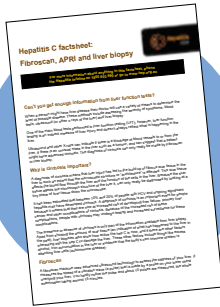
ASHM

allgood.org.au/languages/



Format available in

1-2 page pdf's



Material

Hepatitis factsheets:

- Antibody testing
- PCR tests
- Pregnancy and children
- Sex and transmission
- Liver Function Tests
- Tattooing and Piercing
- Disclosure
- Discrimination
- Workplace issues

Produced by & order information

Hepatitis NSW

Available online for download from: bit.ly/hepnsw_factsheets

Safer Using Tips Poster



Poster #1 gives facts about the risk of sharing and tips on ways to avoid risks

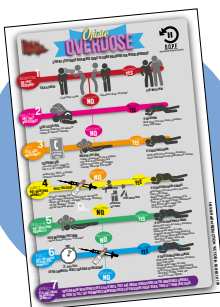
Poster #2 gives tips to reducing drug related harms while injecting, snorting or smoking illicit substances.

Harm Reduction Victoria

Available for download and ordering online:

www.hrvic.org.au/resources

Opioid overdose / Naloxone administration instruction poster. A3 size.



Step by step quick reference guide on how to respond to an opioid overdose and how to administer naloxone

Harm Reduction Victoria

Available for download and ordering online:

hrvic.org.au/resources

Patient Support Organisations

The following organisations provide resources, education and support for people who are living with hepatitis C or at risk of hepatitis C.



Hepatitis Victoria

Hepatitis Victoria is the peak not-for-profit community organisation working across the state for people affected by or at risk of viral hepatitis.

You can refer patients to call the Hepatitis Infoline to find out more about resources, support and education opportunities available to people living with viral hepatitis. Calling the Hepatitis Infoline is free and confidential. Hepatitis Victoria also has resources available in languages other than English.

 hepvic.org.au/

 **Hepatitis Infoline – 1800 703 003**



Harm Reduction Victoria

Harm Reduction Victoria is Victoria's peak community organisation for people who use drugs. Harm Reduction Victoria provides education, practical support, information and advocacy to people who currently use and have in the past used illicit drugs, their friends and allies.

You can refer your patients to the Pharmacotherapy, Advocacy Mediation and Support (PAMS) Service if they are having problems with their provider or the pharmacy dispensing their medications. Free call: 1800 443 844 PAMS is a state-wide telephone service run by Harm Reduction Victoria and funded by the Victorian Department of Health and Human Services.

You can help your patients access various harm reduction resources, including substance-specific brochures and overdose response posters and factsheets, by directing them to the 'Resources' section on the Harm Reduction Victoria website.

You can also refer your clients to 'The Hepalogue' to read about real life experiences of hepatitis C treatment. It is a personal blog that tracks the progress of the hepatitis C elimination effort in Australia. Views expressed are those of the individual not Harm Reduction Victoria's.

 hrvic.org.au/

 **Free call to 1800 443 844**



Australian Injecting and Illicit Drug Users League (AIVL)

AIVL is the national peak body for state and territory organisations for people who use drugs. AIVL's purpose is to advance the health of people who use or have used illicit drugs. This includes a primary focus on reducing the transmission and impact of blood-borne viruses. AIVL works towards the implementation of peer education, harm reduction, health promotion and policy/advocacy strategies at a national level.

You can refer your patients to the resources on AIVL's website, including the NSP directory, information on legal issues associated with drug use, and factsheets on a range of health topics including vein care and preventing blood-borne viruses.

 aivl.org.au/

 02 6279 1600



DirectLine

DirectLine is a confidential, free hotline for AOD counselling and referral in Victoria.

 directline.org.au/

 Call 1800 88 236 for assistance



3

Provider Support Resources

“ I’ve been a hepatology nurse for 16 years and have never had so many hugs and happy tears from patients now that we can cure people easily and safely ”

– Margaret, Clinical Nurse Consultant

Provider Support Resources

We know that hepatitis C is new to many treatment providers in primary care given it has been managed solely by specialists in the past. Here are some great resources that will give you the confidence to prescribe DAAs to treat and cure hepatitis C:



Australian Recommendations for management of hepatitis C



How to access FibroScan®



Additional clinical decision support resources



How to get specialist support



Introduction to HealthPathways



Online and face-to-face training and education opportunities



Australian Recommendations for management of hepatitis C

The Australian recommendations for the management of hepatitis C virus infection: a consensus statement summarises everything you need to know about hepatitis C. It is regularly updated, so keep an eye out for the latest version online at hepcguidelines.org.au/

There is a tear-out of the summary version: *Clinical guidance for treating hepatitis C virus infection: a summary* in the Appendix booklet.

Used with permission of the Gastroenterological Society of Australia (GESA).

Clinical guidance for treating hepatitis C virus infection: a summary

For more information: www.gesa.org.au/hepcguidelines | Page 2 of 2

Regimen	HCV genotype	Treatment duration	
		No cirrhosis	Cirrhosis
Sofosbuvir 400 mg, orally, daily + Velpatasvir 100 mg, orally, daily	1, 2, 3, 4, 5, 6	12 weeks	12 weeks*
Glecaprevir 300 mg, orally, daily + Pibrentasvir 120 mg, orally, daily	1, 2, 3, 4, 5, 6	8 weeks	12 weeks
Ebansvir 50 mg, orally, daily + Glecaprevir 100 mg, orally, daily + Sofosbuvir 400 mg, orally, daily	1, 4	12 weeks	12 weeks
Ledipasvir 90 mg, orally, daily + Sofosbuvir 400 mg, orally, daily	1	8 or 12 weeks†	12 weeks

NS5A = nonstructural protein 5A
* Addition of ribavirin may be considered for patients with genotype 1 HCV and compensated cirrhosis. Ribavirin dosing is weight-based; recommended dose is 1000 mg for people weighing < 75 kg and 1200 mg for people weighing ≥ 75 kg.
† 12 weeks may be considered if HCV RNA level is < 4 × 10⁶ IU/mL in people with no cirrhosis who have treatment-naïve.

Note:
1. Sofosbuvir is not recommended for patients with an untreated (Hepatitis B) surface antigen (HBsAg) or HBV DNA level > 10⁶ IU/mL at baseline.
2. Close monitoring of liver function is required for the management of patients with cirrhosis. A liver biopsy is not recommended.
3. The recommended treatment regimens differ in the strength of direct-acting antiviral (DAA) drugs with a 300 Day Australian recommendation for the management of hepatitis C virus infection: a consensus statement (October 2016). <http://www.gesa.org.au/>

GESA AUSTRALASIAN HEPATOLOGY ASSOCIATION ASPID hepatitis australia

Clinical guidance for treating hepatitis C virus infection: a summary

For more information: www.gesa.org.au/hepcguidelines | Page 1 of 2

The key questions before commencing treatment for hepatitis C virus (HCV) infection

- Is the patient?
 - What is the HCV genotype?
 - Is there a cirrhosis?
- What is the overall treatment goal?

Checklist for pre-treatment assessment for people with hepatitis C virus (HCV) infection

Assessment for people living with hepatitis C

Outcomes and post-treatment monitoring for virological response

Outcomes and post-treatment monitoring for sustained virological response (SVR)

People who do not respond to hepatitis C treatment

GESA AUSTRALASIAN HEPATOLOGY ASSOCIATION ASPID hepatitis australia

The Primary Care Consultation Request forms were developed to streamline access to specialist advice, in particular to meet requirements for 'in consultation' prescribing by GPs not yet experienced in managing hepatitis C. You can fax the forms to specialist clinics where they will be reviewed and responded to by an appropriate physician, usually within one week. The physician will recommend a course of action, which is either: more information required; GP is able to prescribe; or specialist referral recommended. This process may also be used by nurse practitioners.

Primary Care Consultation Request forms are available as a generic form as part of this Toolkit (see the Appendix booklet), online from GESA, and as a form specific to your area from your local HealthPathways.

Gastroenterology and Liver Services Remote Consultation Request for Initiation of Hepatitis C Treatment

Hospital Phone: () Hospital Fax: ()

FOR ATTENTION OF: Dr _____

DATE: _____

REASON FOR REFERRAL: _____

PATIENT INFORMATION: Name: _____ Date of Birth: _____

HEPATITIS C HISTORY: Date of HCV diagnosis: _____

INTERESTING COMPLICATIONS:

- Cirrhosis: No Yes
- Cholelithiasis: No Yes
- Diabetes: No Yes
- Alcohol: No Yes
- Other: No Yes

PREVIOUS TREATMENT:

- Has patient previously received any antiviral treatment? Yes No
- Has patient previously received any antiviral treatment? Yes No

REASON FOR REFERRAL:

- Request for specialist referral: Yes No
- Request for specialist referral: Yes No

LABORATORY RESULTS (see attach copy of results):

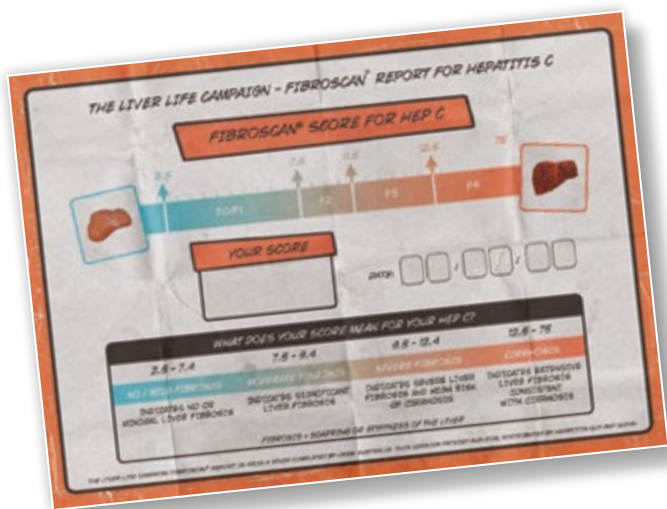
Test	Date	Result	Reference	Date	Result
HCV genotype					
ALT					
AST					
Alkaline Phosphatase					
Bilirubin					
Albumin					

Developed by the Gastroenterological Society of Australia - Australian Liver Association
Page 1 of 2

If you don't know to which specialist clinic you should be sending your Primary Care Consultation Request form, look for your closest hospital on the clinic finder on the **Hep C Help website:** hepchelp.org.au/clinic.php, or call the Hepatitis Infoline on 1800 703 003.

Used with permission of the Gastroenterological Society of Australia (GESA).

Accessing FibroScan®



FibroScan® (transient elastography – TE) is a non-invasive alternative to a liver biopsy. It can be used to assess the degree of liver fibrosis and exclude advanced liver disease. FibroScan® is not Medicare Benefits Schedule (MBS) subsidised and needs to be performed by a trained operator.

Results from FibroScan® need to be interpreted with other clinical information by a trained operator who is experienced in hepatitis C care.

The FibroScan® report pad for hepatitis C can help you explain the result to your client. You can access a PDF version here: bit.ly/fibroscan_scoresheet

Access to FibroScan® can be facilitated through tertiary hospital services, including via community outreach integrated hepatitis nurses, or specialist liver clinics.

EC Partnership can also help you get access to a FibroScan® for your patients - contact the EC Nurse Coordinator for assistance.

You can also refer your patient to have a FibroScan® at a hospital liver clinic by using this generic referral form and faxing it to the appropriate hospital. You may want to call ahead to ask how long the waitlist is.

The referral form is available as a template for Best Practice, Medical Director and Zedmed on St Vincent's website here: bit.ly/fibroscan_referral_form under 'Useful Forms' or from your EC nurse.

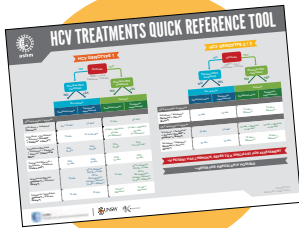
FibroScan® Referral			
Alfred Hospital Liver Clinic (Gastroenterology)		Fax: (03) 9076 2194	
Alfred Hospital Infectious Diseases		Fax: (03) 9076 6528	
Austin Health Liver		Fax: (03) 9496 2097	
Box Hill Hospital Liver and Hepatitis Clinics		Fax: (03) 9695 4852	
St Vincent's Hospital Melbourne Liver & Hepatitis Clinic		Fax: (03) 9231 3590	
The Royal Melbourne Hospital Liver Clinic		Fax: (03) 9342 7848	
Victorian Infectious Diseases Service - Infectious Hepatitis Clinic		Fax: (03) 9342 7277	
Western Health Hepatitis Clinic		Fax: (03) 8345 7212	
PATIENT DETAILS			
Patient Name: _____			
Patient's Date of Birth: _____		LIR No (if known): _____	
Patient's Address: _____		Gender: _____	
Patient's Phone: Home: _____		Mobile: _____	
Liver Biopsy <input type="checkbox"/> Yes <input type="checkbox"/> No		Liver Function <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date: _____		Date: _____	
Fibrosis Stage: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Total Protein: _____ g/L	
Inflammatory Grade: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		ALT: xxx g/L	
Previous FibroScan®: <input type="checkbox"/> Yes <input type="checkbox"/> No		Albumin: _____ g/L	
Number of scans: _____		GGT: _____ U/L	
Date: _____		Bilirubin: _____ µmol/L	
Result: _____		ALP: _____ U/L	
Comorbidities		Haematology	
<input type="checkbox"/> Hepatitis B		Haemoglobin: _____ g/L	
<input type="checkbox"/> Hepatitis C		Platelets: _____ 10 ⁹ /L	
<input type="checkbox"/> Alcohol		INR: _____	
<input type="checkbox"/> Cystic Fibrosis		Clinical Assessment of Liver Scanning	
<input type="checkbox"/> HIV		<input type="checkbox"/> No / Minimal (F0-1)	
<input type="checkbox"/> NASH		<input type="checkbox"/> Moderate (F2-3)	
<input type="checkbox"/> IDDM/NIIDDM		<input type="checkbox"/> Severe / Cirrhosis (F4)	
<input type="checkbox"/> Other			
Fasting >2hrs: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Clinical Notes: _____			

Additional clinical decision support resources - to make Hep C treatment easy

We've collated some very useful clinical decision support tools to make it easier for you to treat hepatitis C.

Format available in

Two-page pdf



Material

HCV Treatments Quick Reference Tool

Produced by & order information

ASHM

Available online

bit.ly/ashm_hcvrxquickref

Website



Drug-Drug Interaction Checker

University of Liverpool

Available online

hep-druginteractions.org/

Website



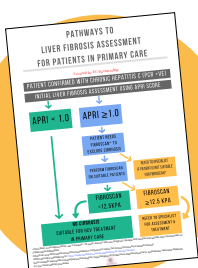
APRI Calculator

University of Washington

Available online

bit.ly/hepconline_apricalc

PDF or laminated A4 poster



Pathways to Liver Fibrosis Assessment for Patients in Primary Care

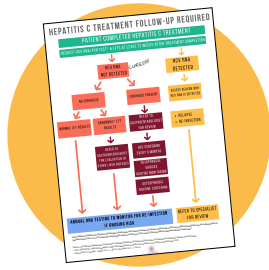
EC Partnership

Available online

ecpartnership.org.au/resources

Format available in

PDF or laminated A4 poster



Material

Hepatitis C Treatment
Follow-up Required

Produced by & order information

EC Partnership

ecpartnership@burnet.edu.au

Available online:

ecpartnership.org.au/resources

Three-page document



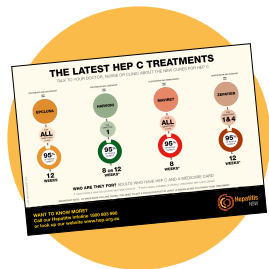
Hepatitis C management and
support for general practitioners
– frequently

Victorian State Government

Available online

bit.ly/dhhs_nsplacements

Chart



Current hep C treatments chart

Hepatitis NSW

Available online

bit.ly/hepnsw_hcvrxchart

How to get specialist support

You can get specialist support using the *Primary Care Consultation Request forms*. These forms can help you get advice about a specific patient, or to refer your patient to see a specialist. The forms also make sure you supply the key information a specialist needs to review your patient. Specialist support can be sought through the form for inexperienced providers requiring consultation with a specialist to fulfill PBS requirements or for seeking advice for treating complicated patients.

Patients who require specialist care include those with:¹³

- Advanced fibrosis or cirrhosis
- Extrahepatic manifestations
- Complex co-morbidities
- Renal impairment
- HCV-HIV co-infection
- HCV-HBV co-infection
- First-line DAA treatment failure
- Complex drug–drug interactions
- Experience of major adverse events during treatment
- Persistently abnormal LFTs post-treatment

¹³ Adapted from GESA Australian recommendations for the management of hepatitis C virus: a consensus statement (August 2017)

HealthPathways

HealthPathways is a free, web-based portal with relevant and evidence-based information on the assessment and management of common clinical conditions, including referral guidance that has been developed by Primary Health Networks (PHNs) in consultation with relevant clinical providers.

The hepatitis C page on the HealthPathways portal gives you a detailed overview of chronic hepatitis C management, along with local referral options and links to Primary Care Consultation Request forms.



Visit your local PHN's HealthPathways website and set up a free account to access the portal.

Eastern Melbourne and North Western Melbourne PHN:



melbourne.healthpathways.org.au

Murray PHN:



murray.healthpathways.org.au

Gippsland PHN:



gippsland.healthpathways.org.au

South Eastern Melbourne PHN:



semphn.org.au/resources/pathways

Western Victoria PHN:



westvic.healthpathways.org.au



Getting online and face-to-face training

The BBV/STI Education and Events calendar makes it easy to find the most relevant training and education opportunities, all in one place: bbvsti.vphna.org.au/

Online Learning

Name	Organisation	Where to access	Time required	CPD points
Curing hepatitis C: Your role as a GP	Victorian PHN alliance	vphna.org.au/education/	45 minutes	2 RACGP points
Hepatitis C in Drug and Alcohol Settings	ASHM	lms.ashm.org.au/	80 minutes (4 modules of 20 minutes)	40 Category 1 points under the RACGP QI & CPD only if combined with face to face workshop
Hepatitis Education Project - Hepatitis C	Edith Cowan University	hepatitis.ecu.edu.au	7 hours	40 Category 1 CPD points for GPs, 9 hours of CPD for nurses
Managing hepatitis C in primary care	NPS Medicinewise	nps.org.au/cpd/activities/managing-hepatitis-c-in-primary-care	60 minutes	2 RACGP or ACCRM points
Hepatitis C: your role as a primary care nurse	Victorian PHN Alliance	vphna.org.au/education/	45 minutes	N/A

Face-to-face Learning

Organisation	Description of training	Find out more
The Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) program	VHHITAL delivers comprehensive education and training for GPs for the diagnosis, treatment and management of HIV, hepatitis B, hepatitis C and sexually transmissible infections. Most training sessions are for prescribers only, but some sessions are available for nurses.	Website: nwmphn.org.au/vhhital Contact: 03 9347 1188 vhhital@nwmphn.org.au
The Victorian Viral Hepatitis Education – St Vincent's Hospital	Tailored education in your workplace around Victoria provided by experienced Registered Nurse. It's funded by Department of Health and Human Services at no cost to participants.	Contact: Gabrielle Bennett gabrielle.bennett@svha.org.au 03 9288 3586 0407865140
Harm Reduction Victoria	Harm Reduction Victoria provides training for people who use drugs and for the people who work with and for people who use drugs. Training on blood borne viruses, safer drug use, safer injecting and vein care and practical strategies for reducing stigma and discrimination is available.	Website: hrvic.org/training Jane Dicka janed@hrvic.org.au
Hepatitis Victoria	HEPReady has two courses – Essentials and Comprehensive – aimed at practice nurses, mental health nurses, social workers, AOD workers, youth workers and pharmacists. They cover clinical information of viral hepatitis, lived experience and how to talk about viral hepatitis.	Website: bit.ly/hepvic_hepready Contact: hepready@hepvic.org.au 03 9380 4644
Victorian Aboriginal Community Controlled Health organisation	Aboriginal Health Worker Training and a range of short courses including cultural safety training.	Website: vaccho.org.au/educational/ Contact: training@vaccho.org.au
The Penington Institute	Community Overdose Prevention Education (COPE) program works with organisations whose clients include people who use opioids or people who may witness an overdose, e.g. AOD workers, social workers	Website: bit.ly/penington_copetraining Contact: 03 9650 0699 info@penington.org.au



4

Practice Support Resources

“

To be able to offer a simple, curative and life-changing treatment to some of Australia's most disadvantaged people is hugely rewarding. It's amazing how well these treatments work with the right support, even in the most complex clients”

– Phillip, Director of Kirketon Road Centre

Practice Support Resources

Treating and curing hepatitis C is easy, but we've found a few ways to make it even easier.

We want to support your practice to streamline hepatitis C care by helping you use your patient management system efficiently, and ensure you can bill appropriately for the time spent with patients.

We've included several resources and how-to guides to support your practice:



Maximising MBS billing to support hepatitis C care



Optimising your patient management system



Identifying patients who need follow up



Setting up processes for patient follow-up



Auditing your clinic's progress (and getting CPD points)



Optimising your patient management system

We want to make it easier and quicker for everyone to be involved in hepatitis C care. To streamline the process, we've put together recommended shortcuts, templates and data entry processes for Medical Director, Best Practice and Zedmed.

Instruction sheets on how to set up and use various features specific to your patient management system are provided in the Practice Support Guide section on our website. Our EC nurses will also assist you in setting up and using these features.

It's really important that you put accurate and high-quality clinical information into your patient management system.

Doing so will help you:

- Improve outcomes for your patients
- Improve the quality of MyHealth Records
- Make your clinic run efficiently by streamlining your reporting
- Partake in Plan-Do-Study-Act activities which may contribute towards obtaining Quality Improvement incentive payments in the Practice Incentives Program
- Ensure you get the most out of the MBS billing options available to you.

You can set up shortcuts in your system to make hepatitis C management easier and more efficient, such as:

- Pathology favourites, including reflexive hepatitis C diagnostic and treatment work-up tests
- Progress note templates
 1. Assessments before starting treatment
 2. While on treatment
 3. After completing treatment (SVR12 and onwards)
- Care Plan and Team Care Arrangement templates, which include tips on when to bill for review and who to involve in Team Care Arrangements
- A clear follow-up system using recalls and reminders

Instruction sheets on how to set up these shortcuts and templates for **Medical Director, Best Practice and Zedmed** are provided on our website: ecpartnership.org.au/toolkit.

TO MAKE SURE YOUR DATA IS ACCURATE AND USEFUL, YOUR CLINIC SHOULD

Request pathology using your patient management system

Get pathology results from the pathology service (e.g. Clinical Labs, Dorevitch) directly into your patient management system via the holding file

Enter your FibroScan® results as a manual investigation into your patient management system (see instruction sheet on our website: ecpartnership.org.au/toolkit)

Prescribe medications using your patient management system rather than handwritten on a prescription pad

Remove the option for free-text in past medical history items, reminders/recalls, diagnosis and clean up any existing uncoded options.

Identifying patients who need follow-up

The following criteria can help you identify patients to engage in hepatitis C care:

- Patients at risk of hepatitis C who need to be tested
- Patients who have been tested (and possibly diagnosed) but are not yet on treatment
- Patients who require a SVR12 test to determine the outcome of their treatment
- Patients who require ongoing care after achieving SVR12.

Patient Management System Searches	
Patients to engage in hepatitis C care: <ul style="list-style-type: none">• Patients at risk of hepatitis C who need to be screened• Patients who have been tested (and possibly diagnosed) but are not yet on treatment. <p><i>We recommend starting with Search #1, and if you have more than 100 patients identified this way, work with those results before moving on to Search #2 and Search #3.</i></p>	
Search #1	Patients who have visited the clinic in the last three months and are on OST with hepatitis C listed as a condition
Search #2	Patients who have visited the clinic in the last two years and have hepatitis C listed as a condition
Search #3	Patients who have visited the clinic in the last two years and are on OST
Patients to follow up for SVR12 test to determine the outcome of treatment	
Search #4	Patients who are on/have been on treatment for hepatitis C and require an appointment to see if they have been cured. A cure is determined as a sustained virological response at 12 weeks (SVR12) after treatment.
Patients to follow up for ongoing care after being cured of hepatitis C	
Search #5	Patients who have been treated and cured of hepatitis C and require ongoing monitoring for their cirrhosis, including HCC screening.

Instructions on how to run these searches in **Medical Director, Best Practice and Zedmed** are provided on our website: ecpartnership.org.au/toolkit.

Creating these lists is just the starting point for finding relevant patients to engage in hepatitis C treatment. You may need to review a patient's medical record to determine the exact follow-up required before setting the relevant reminder. Our EC nurses can help you do this.

Setting up processes for patient follow-up

Having a clear recall and reminder system will make sure your clinic is reaching people at each stage of the cascade of care, and make sure no-one is falling through the cracks. Our guide is specific to hepatitis C - make sure you refer to your own clinic's policy on recalls and reminders before implementing this follow-up system.

Each patient management system uses different terminology to describe the same things. Here, we have provided general definitions from the RACGP Green Book.¹⁴ We also use terms relevant to each patient management system within the Practice Support Guide section on our website.



Patient reminders

Recall: proactive follow-up to a preventive or clinical activity of clinical significance with substantial potential to cause harm; involves multiple contact attempts in varied methods, required to record attempts and decision by doctor to stop following up patient.

Reminder: initiate prevention, before or during patient visit; can be opportunistic or proactive.



Clinician reminders

Prompt: reminder to clinician; draws attention to a prevention or clinical activity the patient needs.

Ways that you could engage a patient identified in your searches include:

- Phone them to invite them to an appointment
- Send a SMS to invite them to an appointment
- Send a letter to invite them to an appointment
- Add a note to the patient's file to encourage their GP or nurse to discuss hepatitis C at the next visit
- Add reminders and actions for GPs to review

The Practice Support Guide section on our website provides instructions on how to do the following suggested tasks in Medical Director, Best Practice and Zedmed. Our EC nurses can also help you to set these up.

Our instruction sheets can show you how to:

- Add reminders
- Search reminders
- Import provided or other letter templates
- Edit letter templates
- Use letter templates
- Add a prompt to booked appointment
- Add an action to client file

¹⁴ Reminders, recalls and prompts (flags). Putting prevention into practice (Green Book). Retrieved from: [https://www.racgp.org.au/your-practice/guidelines/greenbook/applying-the-framework-strategies,-activities-and-resources/ability/reminders,-recalls-and-prompts-\(flags\)/](https://www.racgp.org.au/your-practice/guidelines/greenbook/applying-the-framework-strategies,-activities-and-resources/ability/reminders,-recalls-and-prompts-(flags)/)

Recommended follow-up system for hepatitis C care

Patient group	Follow-up type	Reminder Reason	Contact methods (in order of preference)	Number of times to attempt contact
Patients at-risk of hepatitis C who needs to be screened	Reminder – proactive action	Liver Health Check-up	1) Letter 2) SMS	1
Patients who have been tested (and may have been diagnosed) but are not yet on treatment (Active patients)	Prompt (Clinician)	BBV Screening	1) Add note to next booked appointment to discuss BBV screening 2) Add to clinician action list to discuss BBV screening with patient	N/A
	Reminder – proactive action	Liver Health Check-up	1) SMS 2) Call 3) Letter	2-3
Patients who have been tested (and may have been diagnosed) but are not yet on treatment (Inactive patients)	Reminder – proactive action	Liver Health Check-up	1) Letter 2) SMS	2
Follow-up required re: treatment outcome	Reminder – proactive action	Hep C Treatment Follow-up	1) SMS 2) Call	2
Follow-up required re: cirrhosis monitoring	Reminder – proactive action	HCC and cirrhosis monitoring	1) Letter 2) Call 3) SMS	3

Auditing your clinic's progress (and getting CPD points)

We can help you audit your clinic's progress in treating (and curing!) hepatitis C.

There are two ways this can be done:

- Conducting regular, manual clinical audits
- Using ACCESS to monitor testing and treatment uptake.

We've included instructions on how to conduct regular, manual clinical audits in the Practice Support Guide section on our website. Our EC nurses will help you do the first one, and also set up processes for future audits.



The Australian Collaboration for Coordinated Enhanced Sentinel Surveillance

ACCESS is a health surveillance system that uses de-identified data and records the number of people tested, assessed and treated for hepatitis C and whether they were cured. It's a collaboration of the Burnet Institute, Kirby Institute and National Serology Reference Laboratory.

ACCESS requires no extra work from GPs, and is:

- Funded and supported by the Australian government
- Approved by relevant ethical review committees
- Provided at no cost to practice
- A secure surveillance system using industry-leading cryptography and data extraction software.

Data tracking of your clinic's progress will be provided to you in a report so you can see how you're going. It is also collated with other clinics to look at progress across Victoria and Australia. These reports can be used to gain CPD points.

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“ With GP prescribing, and no restrictions on treating reinfection, or those that continue to use drugs or alcohol we have a unique opportunity to eliminate hepatitis C in our lifetime. ”



EC Partnership

To download a copy of the Toolkit visit our website:
ecpartnership.org.au/toolkit

To order hard copies of the Toolkit contact us on:
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